

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED JUL 11 1941  
780

Registration District No. \_\_\_\_\_

Primary Registration District No. 6028

1. PLACE OF DEATH:  
(a) County St. Genevieve  
(b) City or town Jackson T.P. Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME ANNA MAC HANCOCK  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 8 1941  
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 9 hr. 30 min.

9. Birthplace St. Genevieve Co. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Joseph Hancock  
13. Birthplace Harrisburg Ill  
(City, town, or county) (State or foreign country)  
14. Maiden name Catharine Padden  
15. Birthplace Friendship Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Joseph Hancock  
(b) Address St. Genevieve Co. Mo

17. (a) Burial (b) Date thereof June 9 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fun. Prep.

18. (a) Signature of general director Jerome S. Stanton  
(b) Address St. Genevieve Mo

19. (a) June 9/41 (b) T.W. Douglas  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Genevieve  
(c) City or town Rural Jackson T.P. Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9  
year 1941 hour 6:30 minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from June 8  
1941 to June 9 1941;  
that I last saw h<sup>e</sup> alive on June 9 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth Duration 1 day

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Arthur Stevaner (M. D. or other) M.D.  
Address St. Genevieve Date signed 6-9-41

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**